

Medication log continues on next page

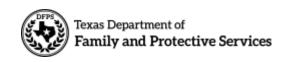
DAILY PRESCRIPTION MEDICATION LOG SHEET

Purpose: Use this form to keep a record of all prescription medication given to a child or youth in DFPS care.

Directions: Complete a Medication Log Sheet for any child or youth in DFPS care receiving prescribed medication. If more than five medications are prescribed, additional sheets should be added. Any person who gives a child or youth a dose of prescription completes the appropriate boxes and adds his or her initials and full name at the bottom of the page. Complete a separate log for non-prescription medication (Form 2401). Completed log sheets should be uploaded into OneCase in IMPACT. **Read the label to make sure it is the** *Right* **person, the** *Right* **drug, the** *Right* **dose, the** *Right* **route, the** *Right* **time and document it** *Right*. The caseworker fills in the information in the first section plus the "Medication Prescribed" and "Dosage and Frequency" columns in the second section. Person who gives a child or youth a dose of prescription completes the appropriate boxes in the second section and adds his or her initials and full name in the Staff Verification section.

						CHILD	OR YO	UTH INFO	ORMATIC	N								
Child or youth's name:						PID:					Date of birth:							
Allergies (med	lication and f	food):			l						1							
							MEDI	CATION L	og									
WEEK (Enter date	es): Sunday	to	Saturday															
Medication Prescribed	Dosage and Frequency	Time of Doses	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday			
			Time	Staff Initials	Time	Staff Initials	Time	Staff Initials	Time	Staff Initials	Time	Staff Initials	Time	Staff Initials	Time	Staff Initials		
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Child or Youth's Name:						PID:				Week of:						
Medication Prescribed	Dosage & Frequency	Time of Doses	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
			Time	Staff initials	Time	Staff Initials	Time	Staff Initials	Time	Staff initials	Time	Staff initials	Time	Staff Initials	Time	Staff Initials
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STAFF VERIFICATION							
Staff initials:	Staff name:						
Staff initials:	Staff name:						
Staff initials:	Staff name:						
Staff initials:	Staff name:						